

## ADULT INFORMATION – PLEASE PRINT

Adult Last Name	First Name	MI
Address	City	Zip
Home Phone	Cell Phone	
Email		

## PARTICIPANT INFORMATION - PLEASE PRINT

\*Does the participant need special accommodations for a successful experience?



Participant Last Name	First Name	MI	Sex	Date of Birth	Shirt Size	Y*N*

Returned Checks: There will be a minimum service charge of \$30 on all checks returned.

**UNITED STATES OLYMPIC TRAINING CENTER WAIVER AND RELEASE  
OF LIABILITY**



READ, SIGN AND DATE WAIVER BELOW. Unsigned waivers will cause your registration to be returned unprocessed.

**NOTE: THIS FORM MUST BE READ AND SIGNED UNALTERED BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN ANY FUNCTION (I.E., TRAVEL, TRAINING, COMPETITION, PROCESSING, MEETING OR TESTING SESSIONS) AT OLYMPIC TRAINING CENTERS AND the United States Olympic Education Center (USOEC) at Northern Michigan University. BY SIGNING THIS AGREEMENT, THE PARTICIPANT AFFIRMS HAVING READ AND UNDERSTOOD IT AND IS IN AGREEMENT WITH ITS CONTENTS.**

- IN CONSIDERATION of my involvement in the sport and activities under the auspices of the **United States Olympic Committee (USOC)**, this sponsoring organization at this United States Olympic Training Center and the USOEC at Northern Michigan University, I acknowledge, appreciate and agree that:
1. RISK IS INHERENT IN PARTICIPATION IN MY SPORT, and in related training and discipline, including risks from the use of equipment and facilities, the risk of injury does exist, as well as the risk of damage to or loss of property; THESE RISKS INCLUDE EXTENSIVE AND SEVERE BODILY INJURY, PARALYSIS, DISMEMBERMENT, DISABILITY, DEATH, HARASSMENT, AND EXPOSURE TO INAPPROPRIATE CONDUCT.
  2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS;
  3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately.
  4. I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, and NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS AND PROMISE NOT TO SUE THE INTERNATIONAL OLYMPIC COMMITTEE, THE UNITED STATES OLYMPIC COMMITTEE, AND/OR MY NATIONAL GOVERNING BODY, NORTHERN MICHIGAN UNIVERSITY, OR OTHER SPONSORING ORGANIZATION, THEIR OFFICERS, COACHES, VOLUNTEERS, STAFF, SPONSORS, AND/OR AGENTS, ("RELEASEES") WITH RESPECT TO ANY AND ALL INJURY AND/OR LOSS ARISING FROM MY PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE OR WANTON MISCONDUCT.
  5. This Waiver and Release of Liability shall remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) or until it is expressly revoked by written notice from me to the USOC, whichever occurs first; provided however, that any such revocation shall not in any manner affect the waiver and release of liability given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to termination of my participation.

**CITY OF CHULA VISTA ACCIDENT WAIVER AND RELEASE OF LIABILITY (AWRL)**

I \_\_\_\_\_ (REGISTRANT), and I \_\_\_\_\_ \*(REGISTRANT's parent or guardian), acknowledge that I shall defend, indemnify, and hold harmless the City of Chula Vista, its elected and appointed officials, employees, agents, contractors, and volunteers from and against any and all claims, demands, causes of action, costs, expenses, liability, loss damage or injury, in law or equity, to property or persons, including wrongful death, in any manner arising out of or incident to any alleged negligent acts, omissions or willful misconduct of Applicant and its respected officials, officers, employees, agents, contractors, and volunteers arising out of or in connection its use of the property designated. This indemnity provision does not include any claims, damages, liability, costs and expenses (including without limitations, attorneys fees) arising from the sole negligence, active negligence or willful misconduct of the City, its elected and appointed officials, officers, employees, agents, contractors, and volunteers. Also covered is liability arising from, connected with, caused by or claimed to be caused by active or passive negligent acts or omissions of the Applicant and its respected officials, officers, employees, agents, contractors, volunteers, or any third party.

I hereby grant the City of Chula Vista, their legal representatives and assigns (including any agency, client, or publication), irrevocable permission to publish photographs of me taken at a City facility or event. These images may be published in any manner, including advertising, periodicals, greeting cards and calendars. Furthermore, I will hold harmless the City of Chula Vista, their representatives and assigns, from any liability by virtue of any blurring, distortion or alteration that may occur in producing the finished product, unless it can be proven that such blurring, distortion or alteration was done with malicious intent toward me. I have read this release and fully understand its contents.

REGISTRANT's / Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY: Amount Enclosed: \$ \_\_\_\_\_ CK/MO# \_\_\_\_\_ Bank # \_\_\_\_\_ City Receipt # \_\_\_\_\_